FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000039072 (1)**

1. Corporation Name

FLORIDA NEUROSURGICAL ASSOCIATES, P.A.

Principal Place of Business

6510 NW 9TH BLVD
SUITE 2
GAINESVILLE FL 32605

Mailing Address

6510 NW 9TH BLVD
SUITE 2
GAINESVILLE FL 32605

3. Date Incorporated or Qualified
05/19/1994

3a. Date of Last Report
04/27/1995

4. FEI Number
59-3241243

Applied For
Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

SCOTT, ERIC W
6510 NW 9TH BLVD
SUITE 2
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS

1 TITLE	D	[ ] DELETE
NAME	SCOTT, ERIC W	
STREET ADDRESS	6510 NW 9TH BLVD SUITE 2	
CITY ST ZIP	GAINESVILLE FL 32605	
2 TITLE	D	[ ] DELETE
NAME	SCOTT, JENNIFER N	
STREET ADDRESS	6510 NW 9TH BLVD SUITE 2	
CITY ST ZIP	GAINESVILLE FL 32605	
3 TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
4 TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
5 TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
6 TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Add
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE	[ ] Change	[ ] Add
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	[ ] Change	[ ] Add
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE	[ ] Change	[ ] Add
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE	[ ] Change	[ ] Add
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE	[ ] Change	[ ] Add
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/1/96 9041332003O
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #